U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

2007 JUN -8 AM 10:43

FOR AGENCY USE ONLY 100148

Date Received	Repository
15-MAY-2007	☐
	Reference No. 10190760

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City HARTSHORNE / State OK / Zip Code		

Do you authorize NHTSA to release your name and address to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA is prohibited by law from releasing your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 5/19/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1FTEX15N1LK	FORD	F150	1990

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
01-JAN-07	NIX FORD	9184232800	No: Cylinders 8	Gas
Original Owner ☐	Dealer's City: MCALESTER	State: OK / Zip Code: 74501	302 CID	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	070000 FUEL SYSTEM, GASOLINE Multiple Failure: 6

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
05-FEB-2007	77000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☒ Yes ☐ No	0	0	N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1990 FORD F150. THE CONTACT STATED THAT THE VEHICLE IS LEAKING GASOLINE. THE VEHICLE IS EXPERIENCING THE SAME FAILURE AS NOTED IN RECALL #'S 89V141000 (FUEL SYSTEM, GASOLINE:STORAGE:AUXILIARY TANK:SELECTOR DEVICES), # 93V125000 (FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY), AND # 01I008000 (FUEL SYSTEM, GASOLINE). THE MANUFACTURER STATED THAT THE VIN WAS INCLUDED IN THE RECALLS, HOWEVER, HIS VEHICLE WAS UNABLE TO GET REPAIRED FREE OF CHARGE DUE TO THE ELAPSED TIME FRAME. THE ENGINE SIZE WAS UNAVAILABLE. THE CURRENT MILEAGE IS 78,000 AND FAILURE MILEAGE WAS 77,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY